



STATE OF MARYLAND

# DHMH

**Maryland Department of Health and Mental Hygiene**  
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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Office of Preparedness & Response**

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**November 2, 2007**

## **Public Health & Emergency Preparedness Bulletin: # 2007:43** **Reporting for the week ending 10/27/07 (MMWR Week #43)**

### **CURRENT HOMELAND SECURITY THREAT LEVELS**

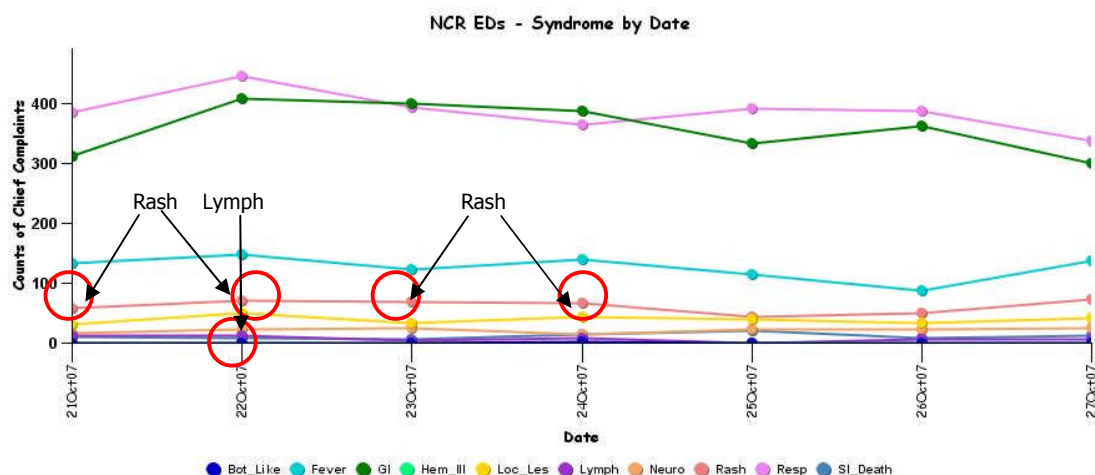
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

### **SYNDROMIC SURVEILLANCE REPORTS**

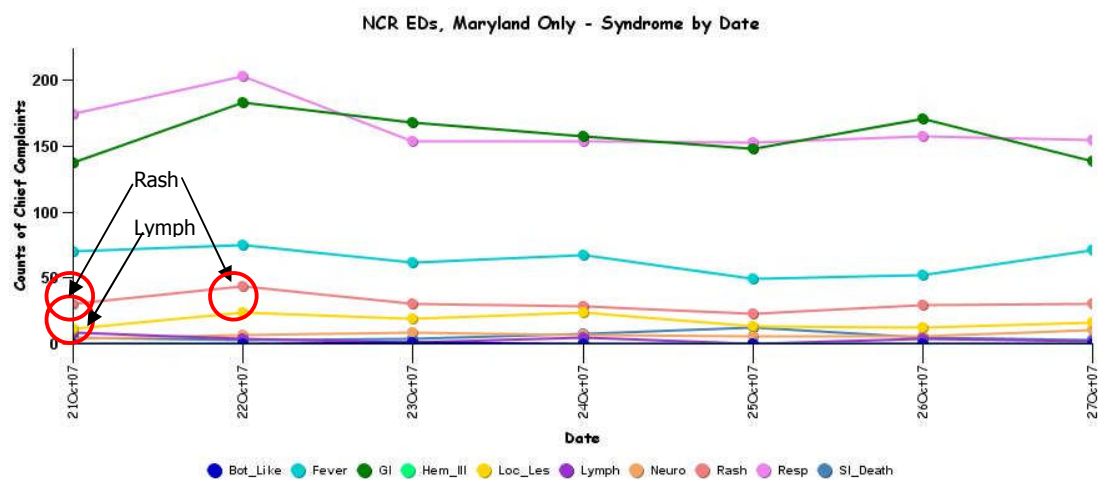
#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

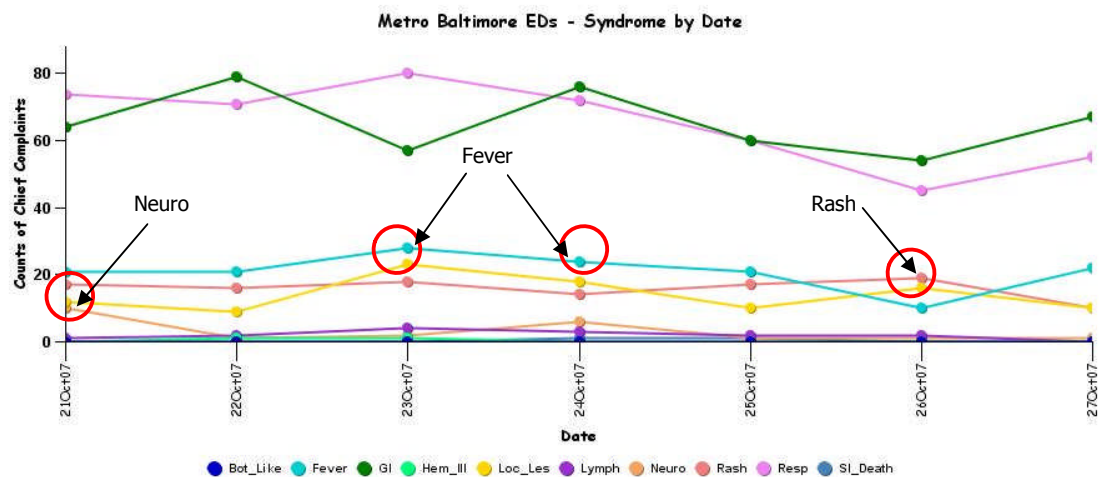
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



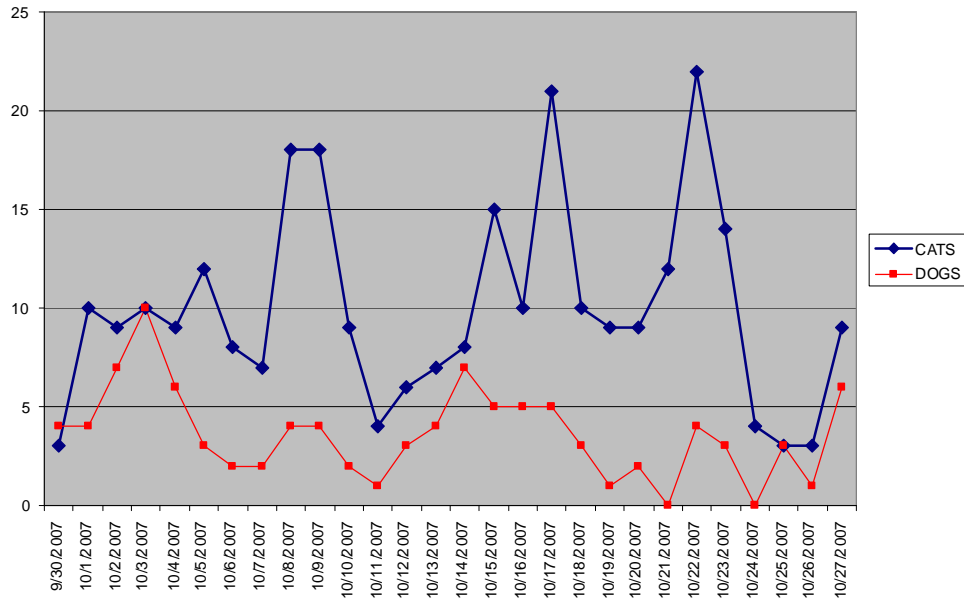
\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

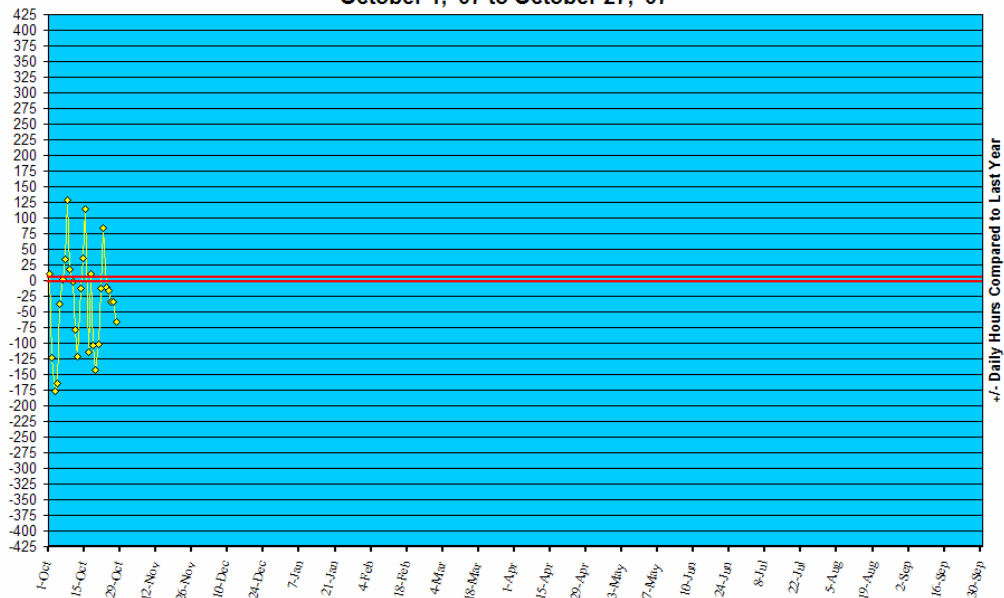
**Dead Animal Pick-Up Calls to 311**



## REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '07 to October 27, '07**



## **REVIEW OF MORTALITY REPORTS**

**OCME:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2007 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases:	13	0
Prior week:	16	0
Week#43, 2006:	-	-

### **OUTBREAKS: 4 outbreaks were reported to DHMH during MMWR Week 43 (Oct. 21- Oct. 27, 2007):**

#### **1 Respiratory illness outbreak**

1 outbreak of PNEUMONIA associated with a School

#### **2 Rash illness outbreaks**

1 outbreak of SCABIES associated with a School

1 outbreak of MRSA associated with a School

#### **1 Other outbreak**

1 outbreak of CONJUNCTIVITIS associated with a School

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May. No cases of influenza were reported to DHMH during MMWR Week 43 (October 21 - 27, 2007). To date this season, there are no lab confirmed influenza cases in Maryland, based on surveillance definitions.

**\*Please note:** Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:  
<http://bioterrorism.dhmd.state.md.us/flu.htm>

**WHO update:** As of October 25, 2007, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 332, of which 204 have been fatal. Thus, the case fatality rate for human H5N1 is about 61%.

**AVIAN INFLUENZA, HUMAN, SUSPECTED (Indonesia):** 24 Oct 2007, Seven children aged between one and 10 years old are suspected of having bird flu in Indonesia's Riau province on the island of Sumatra, where 4 people have

died of the virus in recent months, an official said on Oct 23. "It is only suspicion, but we are keen to handle the cases," local head office head Hasanul Irbai was quoted as saying. The 7 children live in Merampi Hulu village, Siak regency, in the province on Sumatra Island. "The Siak government will immediately send the children to the Arifin Achmad Hospital in Pekabaru (the provincial capital)," he said.

**AVIAN INFLUENZA, HUMAN (Indonesia):** 26 Oct 2007, The Ministry of Health of Indonesia has announced a new case of human infection of H5N1 avian influenza. A 5-year-old female from the Tangerang District, Banten Province, developed symptoms on Oct 14, was hospitalized on Oct 20, and died in an avian influenza referral hospital on Oct 22. The investigation found that there were poultry deaths in the case's neighborhood in the 2 weeks prior to her onset of symptoms. Of the 110 cases confirmed to date in Indonesia, 89 have been fatal.

#### **NATIONAL DISEASE REPORTS:**

**E. COLI O157, GROUND BEEF (Multi State):** 26 Oct 2007, New Jersey consumer safety officials on Oct 25, said its inspectors were able to buy boxes of potentially tainted frozen hamburgers at a store weeks after the meat was recalled, sparking fear that a distributor may have delivered boxes to other stores. "The public's health is clearly endangered by having these recalled products available for purchase and consumption," Attorney General Anne Milgram said. "We want to know what other stores may have purchased these products from the distributor and immediately inspect those stores." To learn that information, the state subpoenaed the company that delivered the beef to the store, Greater New York Frozen Food Distribution Co. Inc., of New York. The 19 boxes were purchased in Union City on Oct 24, nearly 4 weeks after the New Jersey manufacturer, Topps Meat Co., issued a nationwide recall on Sep 29 for 21.7 million pounds of frozen patties. Officials would not reveal the name of the store because of the pending investigation. Investigators have not determined when the store received the shipment of frozen patties. State inspectors are also continuing to visit stores and search for recalled Topps products, which are sold under the Topps brand as well as Pathmark, ShopRite, Mike's, Kohler Foods, Rastelli's Fine Foods, Roma-Topps, Sam's Choice, Sand Castle, and West Side labels. All recalled products will have a USDA establishment number of EST 9748 on the back panel of the package or in the USDA logo. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **INTERNATIONAL DISEASE REPORTS:**

**ANTHRAX (Zimbabwe):** 21 Oct 2007, Seven people have been sent to hospital in Zimbabwe with potentially lethal anthrax poisoning following an outbreak of the animal-borne disease in a private game park north of the capital, reports said on Oct 20. The 7 have been admitted to hospital in the northern town of Concession, said the state-controlled Herald newspaper. The outbreak of anthrax, which is normally caught by humans if they eat the meat of infected cattle, occurred at Manzou Game Park in Mazowe, said the paper. There are sporadic outbreaks of anthrax in Zimbabwe. Last December, 3 people died in Goromonzi district, east of the capital, from anthrax, which they were suspected to have caught after either eating or handling infected meat. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHOLERA (Senegal):** 22 Oct 2007, As the number of cholera cases in Senegal in 2007 tops 2000, Red Cross and UN officials say not enough has changed since a huge epidemic 2 years ago that affected more than 30 000 people and killed 450. According to the International Federation of the Red Cross (IFRC), 12 deaths and 2231 cases of cholera have been registered since the beginning of August 2007 in 6 regions of the country. "Every day, we're getting new cases. Before, it was one or 2 cases a day. Now, it's 60 or 70. It's alarming," said Mamadou Sonko, head of operations for the Senegalese Red Cross. The Red Cross will train 240 volunteers who will lead awareness activities in different communities. It will also distribute disinfectant, antimicrobial soap, bowls, buckets, and measuring cups to families in Diourbel, Dakar, Louga, Saint Louis, Fatick, and Kaolack, where cases have emerged. According to Aissa Fall Gueye, IFRC's regional health manager for Sahel countries, cholera cases appeared only sporadically and were easily contained until the rainy season began in July and floodwaters began pouring down on Senegal and other West African nations. "It's during that period that we saw a big peak," Gueye said. "The rainy season certainly had an impact." The movement of people across cities and regions was another important factor. Sonko said the first cases of cholera appeared in Touba, the religious center of the country. One week after it rained in Touba, and sewer waters overflowed onto the streets, a large religious gathering took place in Saint Louis, on the northeastern coast hundreds of kilometers away. "Within 3 days, the first cases appeared in Saint Louis." (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**LISTERIOSIS, NOSOCOMIAL (Norway):** 24 Oct 2007, As if dealing with the possibility of contaminated water wasn't enough, officials at Norway's National Hospital in Oslo were also battling an outbreak of infection linked to the listeria bacteria; 2 patients are already dead. Personnel at both Rikshospitalet and Radiumhospitalet, which have merged, were scrambling to pinpoint the source of listeria infections. Yet another case of listeria infection was confirmed on Oct 19 at the National Hospital, which is the country's foremost cancer hospital and takes in patients from all over the country. The Oct 19 case brings to 12 the number of listeria infections identified since Oct 1. Of the infected patients, 2 have since died, probably because their immune systems were already weak because of their illnesses. Hospital officials still haven't confirmed the source of the listeria bacteria but suspect it stemmed from contaminated cold food. It was reported that

cheese had emerged as the main suspect. Hospital officials have discarded all supplies of refrigerated food from the kitchen that serves both Radium Hospital and Rikshospital. Intense testing was being carried out and officials said they couldn't rule out the possibility of new cases, since the bacteria's incubation period can extend up to a month. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHOLERA (India):** 24 Oct 2007, At least 82 people have died in post-flood outbreak of cholera, diarrhea, and gastroenteritis in the upper Assam districts of Golaghat, Jorhat, and Sibsagar, particularly in the tea garden areas, since September 2007. Sources in the Golaghat district health department has said that 2968 people were affected by diarrhea and cholera, which claimed 36 lives. 39 people were currently undergoing treatment in hospital. In Jorhat, 37 people had died of cholera and 22 others were in hospital, while in neighboring Sibsagar district 9 persons lost their lives due to diarrhea with nearly 200 others affected. The health department officials said the worst affected were the tea garden areas where unhealthy and unsanitary conditions prevailed. "Asserting the garden authorities were not careful in providing safe drinking water and hygienic living conditions with near non-existent health care facilities," the sources said, the estate managements only referred the affected workers to the government hospitals. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

\*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

##### **Updated Information on Current Salmonella Outbreak Associated with Frozen Pot Pies**

CDC is collaborating with public health officials in multiple states across the United States and with the U.S. Department of Agriculture's Food Safety and Inspection Service to investigate an ongoing multi-state outbreak of *Salmonella* I 4,[5],12:- infections in humans. (<http://www.cdc.gov/salmonella/4512eyeminus.html>)

##### **Updated Information on Current Multi State Outbreak of E. coli O157 Infections Linked to Ground Beef**

Several state health departments, CDC, and the United States Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS) are investigating a multi-state outbreak of *Escherichia coli* O157:H7 infections. (<http://www.cdc.gov/ecoli/2007/october/100207.html>)

##### **FSIS Takes Aggressive Actions To Combat E. Coli O157:H7**

The U.S. Department of Agriculture's Food Safety and Inspection Service (FSIS) announces new, ongoing and upcoming actions to protect public health against the risk of *E. coli* O157:H7, including expanded testing and more rapid recalls. ([http://www.fsis.usda.gov/News\\_&\\_Events/NR\\_102307\\_01/index.asp](http://www.fsis.usda.gov/News_&_Events/NR_102307_01/index.asp))

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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